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 CA #0334819

# TRIATHLON EVENT QUESTIONNAIRE

Named Insured: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1. What types of sports are in this event? \_\_\_\_\_
2. How many participants will be competing? \_\_\_\_\_
3. Are there any experience requirements for the participants?  Yes  No
4. Are they required to wear any safety equipment?  Yes  No
5. What is the participants age group? \_\_\_\_\_
6. Do the participants sign any waivers?  Yes  No  
**If yes, please provide a copy of the signed waivers.**
7. How many volunteers will be utilized? \_\_\_\_\_
8. What experience, if any, is required in order to qualify as a volunteer? \_\_\_\_\_

9. What is the realistic response time for medical assistance? \_\_\_\_\_

10. Please provide the information requested for the following two sports:
- Water Sports: Are life saving devices required?  Yes  No  
 Are lifeguards, the Coast Guard or some type of medical service present? \_\_\_\_\_

- Running & Biking: Does the course take place on open or closed roads?  Open  Closed  
 If open, how are participants separated from traffic? \_\_\_\_\_  
 Are intersections manned as the participants pass through?  Yes  No  
 Will SAG vehicles be used?  Yes  No  
 If yes, how many, and where will they be placed? \_\_\_\_\_

11. Do you require coverage for ancillary events?  Yes  No  
**If so, please provide a description of the activity along with the date, location, estimated attendance.**
12. **ADDITIONAL INSURED:** If you are required to add entities to your policy as additional insureds, please provide a list of names, as they should appear on the policy, the complete address for each and their relationship to you.

**THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:**

- Provide a schedule of events, including - Date, location and estimated number of spectators per event
- Please provide a diagram of the course, which includes altitudes, obstacles, mileage, transition areas, etc.
- Provide a copy of any current handbook, procedures manual, etc. on safety/emergency procedures for the race.
- Please provide a diagram of the course and copies of any brochures or manuals available for this event.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Producer's Signature (if applicable)

\_\_\_\_\_  
 Applicant's Name (print)

\_\_\_\_\_  
 Producer's Name (print)

\_\_\_\_\_  
 Date (MM/DD/YY)

\_\_\_\_\_  
 Date (MM/DD/YY)